DOCUMENT RESUME

ED 218 555 CG 016 055

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TITLE Psychological Separation and the Sexual Abuse Victim: A Theoretical Model.
PUB DATE Aug 81
NOTE 12p.; Paper presented at the Annual Convention of the American Psychological Association (89th, Los Angeles, CA, August 24-26, 1981).

EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS *Child Abuse; Counseling Techniques; Emotional Problems; *Family Problems; *Females; Group Therapy; Models; Parent Child Relationship; Psychological Patterns; *Psychotherapy; Sexuality; *Victims of Crime
IDENTIFIERS *Double Bind Hypothesis; *Incest

ABSTRACT

This paper hypothesizes about the occurrence of double-binds in incestuous families and proposes a method of treatment which attempts to help adult women who were sexually abused as children cope with the double-bind and achieve separation-individuation. The double-bind is defined as a no-win situation in which the abuse victim received conflictual messages from the family. Separation-individuation is defined as a process by which the individual forms a sense of self, differentiated from that of the parents. The double-bind pattern in families is described as involving a perpetrator, a recipient of sexual advances, and other family members who collude in the event. The process of psychotherapy presented in this paper includes: (1) definition of the problem; (2) education about family dynamics; (3) externalization of emotions; (4) encouragement for the grieving process; (5) building of trust; and (6) coping with ambiguous relationships. The materials also report on the findings of a study in which the psychotherapy process was tested with a group of clients at a mental health clinic and the results revealed that most were able to conquer the separation-individuation issue. (JAC)

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Psychological Separation and the Sexual Abuse Victim: A Theoretical Model

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Psychological Separation and the Sexual Abuse Victim:
A Theoretical Model

Abstract

The purpose of this paper is to hypothesize the occurrence of double-binds in incestuous families and propose a method of treatment which attempts to help the adult woman who was sexually abused as a child, cope with the double-bind and achieve separation-individuation.

The double-bind pattern in incestuous families, involves an interaction between a perpetrator, generally a father figure, and a recipient of sexual advances, as well as other family members who may collude. The recipient or "victim" is placed in a situation in which she must submit to sexual advances or risk rejection when, at the same time, she is given the message that any negative or confused feelings she may have about the sexual advances are not valid. She can not escape from the situation possibly because she is too young, or because she feels her emotional or economic survival depends on the relationship. At times, the mother figure may collude by communicating helplessness, or that she would not be receptive to finding out about the incest.

The women in this sample have been sexually abused as children and prior to treatment, have evidenced symptoms such as mistrust, dependency, fear of being alone, sexual and marital problems, and ambivalence in relationships. The process of group psychotherapy described in this paper has been effective in helping these women achieve separation-individuation. Separation-individuation, the end goal of therapy, is definied as the ability to withstand ambiguity in relationships and take risks without fear of reprisal or rejection.

The group process includes: definition of the problem, education about family dynamics, externalization of emotions, encouragement of the grieving process in reaction to loss of the "wished for" family, trust building and the ability to cope with ambiguity and love/hate patterns in relationships.

Women who have attended the Incest Group quoted a variety of far reaching symptoms upon entering treatment. However, most have been able to make strong headway in the process of separation-individuation and report increased productivity and creativity, as well as an alleviation of the symptoms which brought them into therapy.

Introduction

Women sexually abused as children by family members, typically show a cluster of symptoms that are often seemingly contradictory. These symptoms include: lack of trust, coupled with fear of being alone and dependency; sexual fears or promiscuity; and ambivalent feelings towards the person who abused them (Meiselman, Karin C. Incest: A Psychological Study of Causes and Effects with Treatment Recommendations, San Francisco, Jossey-Bass, 1979). The incest victim also has a tendency toward a lifestyle in which the theme of being the victim is repeated through reoccurrences of sexual exploitation, including being raped one or more times. DSM-III Diagnoses have been found to reflect these tendencies. The incest victims studied by Wooley in 1981, received diagnoses of phobias or anxiety disorders, marital problems and dependent or avoidant personalities more frequently than a matched control group.

Additionally, during the treatment of women sexually abused as children, the authors became aware of the emergence of patterns of behavior reminiscent of behavior seen in persons reared in double-bind situations as described by Bateson, Jackson, Haley and Weakland in 1965; and Burger in 1978. The process of a double-bind in incestuous families has also been mentioned by Lidz, Fleck and Cornelison, 1960.

The double-bind in incestuous families is definied as a no-win situation in which the person who has been sexually abused receives conflictual messages from the system, i.e. the family, in a manner that does not allow escape. One of the more salient results of the double-bind process is a failure to achieve separation-individuation. Separation-individuation is defined as a process by which the individual forms a sense of self, differentiated from that of the parents.

The purpose of this paper is twofold: to present a hypothesis of the double-bind process in incestuous families and its effect on the "victims"; and to propose a model of psychotherapy in which the individual can resolve the conflicts imposed by the double-bind and achieve separation-individuation.

The double-bind process may be conceptualized as follows:

A) The Participants. The double-bind is a recurrent process which includes two or more persons. In this case the participants are: the perpetrator of sexual advances, (generally, but not always, a father figure), the recipient of sexual advances, and other involved members of the family (often times the mother figure).

B) The Primary Negative Injunction. The recipient of sexual advances is repeatedly exposed to a primary negative injunction which comes from the abuser and can take the form of "If you do not submit to my sexual advances, I will punish, ignore or reject you." The mother figure may also play a part by communicating helplessness, or an inability to recognize or change the situation.

C) The Secondary Negative Injunction. A secondary negative injunction is imposed on the recipient by the abuser to the effect of "do not see me as making sexual advances, because this is not really sex", or "this is really good for you and I am not abusing you", or "this is your fault for turning me on." Again, the mother figure, or others, may collude in the paradox by implying that "good girls don't do such things."

D) Tertiary Negative Injunction. A tertiary negative injunction is involved which prevents the victim from leaving the situation emotionally, often even after she has left home and has a family of her own. If the incest begins early in childhood, escape is of course impossible. However, later the tertiary injunction may involve promises of love, material goods, etc. Often the abuser is the only person in the family to whom the recipient feels close. There is commonly a clear love bond between the victim and abuser. The victim may consciously choose to continue or encourage the relationship if she feels her emotional survival is threatened, or if she learns to control or manipulate the abuser.

E) The Failure of Separation-Individuation. The end result of the double-bind pattern is that the recipient is unable to undergo the normal process of separation-individuation from the parental figure and continues in a no win cycle of love/hate and fear/dependency, both in the family of origin, as well as other significant relationships. After a period of time, symptoms, including dissociative states, depression and phobias, which result from a chronic paradoxical situation, can be triggered by only one component of the system and not the entire process. Although victims of sexual abuse often appear to be well functioning, hidden pathology usually emerges when the family system is examined.

STATEMENT OF PROBLEM

Incest victims are often caught in the double-bind situation which prevents them from achieving separation-individuation from their family of origin. This paper will demonstrate how group psychotherapy aids in the resolution and alleviation of symptoms that occur in double-bind relationships and inhibit the separation-individuation processes of women who are no longer in incestuous relationships.

CLIENTS

The client population includes 50 women over the age of 16 who were sexually molested as children, and who had been living separately from their families for at least five years. All had come to Shasta County Mental Health Services requesting group or individual psychotherapy. During the treatment process, all had reported incestuous relationships which ranged from fondling to sexual intercourse with male family members.

TREATMENT PROCEDURE

Treatment procedures are based on the assumption that incest victims have learned to approach the world as a continuous double-bind in which their responses are not effective. In order for separation-individuation to take place, the victim must learn to extracate herself from double-bind situations and avoid setting up future situations. In the course of working with this client population, several distinct processes appear to emerge as necessary prerequisites for the "unbinding"

of the double-bind, self differentiation, and ultimately separation-individuation.

The following components of the treatment program are necessary for the completion of the above mentioned tasks:

A) "I am not alone." The first process which appears to be of importance to the incest victims includes definition of the problem and awareness that she is not alone in her experience. The most efficacious manner of bringing this about is to involve the woman in group psychotherapy. Presence in the group seems to allow the women to begin commenting on a relationship which most have kept secret for years. Being able to comment about the relationship is the first step in becoming disengaged from it.

B) Learning about family interaction. The educative process includes a discussion of similarities in family functioning including communication patterns and role relationships. During this process the women commonly and repeatedly asked questions such as "Why did he do that to me?" and "Why didn't my mother protect me?" The women discover that in many cases their mother unconsciously, or consciously, colluded in the incestuous relationship. In fact, a common factor noted in these women, and by other authors (Meiselman, K., 1979; Forward, S. and Buck, C., 1979), is the phenomenon of "role reversal" of the mother and daughter. That is, the mother behaves in a passive, helpless manner, and the daughter becomes a pseudoadult, taking over maternal responsibilities, including the sexual role. The fathers, on the other hand, may appear to be strong and self-sufficient, but they are in fact dependent on their daughter's love for their self-esteem, and afraid to seek sexual satisfaction from an adult woman. A few fathers, whose character is more sociopathic or brutal in nature, achieve their control by terrorizing their family. Although these daughters may not express love for this type of father as much as the daughters of the more caring fathers, the family dynamics are more similar than different, as are the resulting feelings of ambivalence, poor self-esteem, lack of control, and depression on the part of the woman. Again, being able to comment on the problem helps the woman separate from it.

C) Externalization of emotions. Women sexually abused as children will often internalize the emotions of shame, guilt and anger which commonly result in depression, avoidance, and other responses learned in no-win situations. This pattern is similar to learned helplessness. Through support, rehersal and modeling of appropriate emotional expressions, the women can begin to form a sense of "self". Additionally, cultivation of anger is essential to foster the feeling of having been a "victim." Anger allows a more realistic appraisal of the incestuous relationship.

D) The issue of trust. One of the most common complaints of the incest victim is that they are unable to trust the communications of others or their own perceptions about these communications. This characteristic results from the double-bind situation in which what was real, was really not. The group setting provides a reenactment of the family structure and a means through which incest victims can experiment communicating in a nonambiguous manner. Appropriate emotions receive affirmation from therapists, and more experienced group members which helps the women learn to trust her own feelings. Eventually, a trusting relationship develops between group members, in which both positive and negative emotions can be expressed without the threat of loss of the relationship. Hopefully, this experience will generalize to other relationships so as to dismantle the perception of the world in terms of a double-bind. One technique used during this process has been to bring a father who molested his daughter into the group and have him speak of the experience from his viewpoint. The distance between group's expectations of the abuser and the picture he presents generally produces significant behavioral change, including communicating with men on a more direct level. Additionally, the women who have been exposed to a group of mothers of sexual abuse victims show similar results.

E) Control versus love. One of the most crucial issues in incestuous families, which is at the heart of the double-bind, is the issue of genuine love versus mutual manipulation and control on the parts of the abuser and the victim. This issue is extremely difficult on which to comment directly, as explaining the process seems

to result in greater resistance and abstraction. A more effective method has been to start with a specific example of ambivalent feelings toward a group member or family member and focus on reframing the feelings so that they are reinterpreted as less of a problem. In this way, the incest victim can generalize to the relationship between she and her father and accept her feelings towards him without labeling them as "bad" or "immoral". During this process the victim is also encouraged to examine the gains she will receive (in terms of the freedom to explore, enjoy or learn about the relationship) if she allows some ambiguity in the relationship. (Many therapies encourage the victim to place the entire responsibility on the abuser. While the authors certainly feel that the adult should hold the responsibility, setting up an adversary role between the victim and the abuser does not seem to be productive.)

F) Posttraumatic Stress. Recent observations indicate that women who suffered extreme physical violence as well as sexual abuse from their parents seem to suffer symptoms of posttraumatic stress symdrome including: memory impairment, difficulty in concentration, recurrent dreams and intrusive recollections of the event, intensification of symptoms by exposure to events that remind them of the abuse, such as sexual relations with the husband, avoidance of such exposure to events, constricted or inappropriate affect (such as laughing) when discussing or thinking about the events, and intensive feelings of detachment or estrangement from others. These who have had such experiences are often resistent to recalling and talking about the events in group. Individual therapy may be an alternative, but women who are encouraged to talk about the events in a nonjudgemental group setting can gain tremendous relief from symptoms. This is particularly true if other women with similar symptomatology are present.

G) Grieving. While working through these processes toward the goal of an ongoing sense of self-differentiation, a grief reaction appears to emerge. The sexual abuse victim is coming face to face with loss after loss. There are the losses of the desired and hoped-for family and a normal childhood, a healthy and

appropriate parent-child relationship, the loss of privacy, also the loss of a role played in the family, a loss of a self-image and many other losses which are both general to sexual abuse victims and specific to each individual's own life. All of these losses and the current coming to terms with her own past, leads to the task of letting go and moving on. A psychological death is occuring. There is much sadness, crying and anguish. It is a difficult time. However, it can also be a time of closeness and intimacy for group members to share their deep sense of loss with each other. This grieving process is essential to the final task of separation-individuation. If it does not emerge, the group member is usually not giving up her old identity and is hanging on. This needs to be dealt with as resistance to letting go. Exploration of the nature of the resistance with supportive approaches are needed. The therapist must uncover the fears underlying the need to hold on. Once the grief work is done, the group member can get on to the final task.

H) Separation-individuation: The final task. The last goal, which is not necessarily achieved in the group, is the process of separation-individuation. This process includes the ability to practice new ways of relating and behaving, including being able to experiment with adult behaviors rather than relying on parent/child interactions, dependency and manipulation. In addition, the woman who is beginning to undergo separation-individuation appears to differentiate herself from her parents, while at the same time, having realistic expectations of them and acceptance of their limitations. Confrontation of the parents is encouraged at this time to facilitate separation and development of adult-like, rather than child-like behaviors. The person who has undergone separation-individuation has resolved the anger/love conflict and sees herself as capable of coping with ambivalence in relationships including marital relationships, as well as being able to express appropriate emotions without the fear of the loss of the relationship. In other words, she is able to behave as an adult and go on with her life.

CONCLUSIONS

Evidence from the study of women reporting incestual relationships in their backgrounds who seek treatment at Shasta County Mental Health Services, indicate that incestuous relationships have a far reaching impact in adult women. The authors believe that the double-bind pattern seen in many incestuous families may have as much or greater impact than the presence of sexual contact without a double-bind situation. Based on this assumption, the most effective treatment would be to focus on communication patterns and separation-individuation. A review of the clinical charts of the women who have terminated with the Incest Group after a period of three to twelve months, incidate that the vast majority have been well on their way to conquering separation-individuation issues. Most of these women have kept in contact with other group members and a six month follow-up indicates that they have redefined their lives in highly productive, mature manners. Many have finally pursued the creative occupations they had avoided for so long. Most report improved marital situations and some have even gone into the community as lay counselors. In summary, the women have begun to live their own lives instead of living for their parents.

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